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PROGRESS REPORT

SECTION A: GRANT INFORMATION

Project Title	**OSITA: Outreach, Screening, and Intervention for Trauma for Internally Displaced Women Living in Bogotá, Colombia**
Organization Name	**Universidad de Los Andes, Bogotá, Colombia**
Grant ID Number	**# 0339-04**
Start Date	*23 11 2013*
End Date	*22 11 2015*
Grant Amount	*$250,000.00*
Progress Report Period	***From*** *23 11 2013 (start date)* ***To*** *22 11 2014*
Report Due	*01 01 2015*
Has this project been granted a no-cost extension? (Y/N, if Y, indicate new end date)	*No*

Principal Investigator(s)

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SECTION B: PROJECT-SPECIFIC ACTIVITIES (maximum 5 pages)

This document presents the **Year 1 Progress Report** for **OSITA: Outreach, Screening, and Intervention for Trauma for Internally Displaced Women Living in Bogotá, Colombia**, a Round 2 Global Mental Health seed application. The **Results & Progress** section provides explanation and expansion of activities reported on the accompanying spreadsheet that contains the **OSITA Project Framework** table indicating progress against objectives, activities, and critical milestones during the first **12** months; and the **OSITA Results-based Management Accountability Framework (RMAF)** table.

Results & Progress (1-2 pages)

SUMMARY FROM Project Framework and RMAF: Progress on Activities for months 1-12:

Scientific/Technological Innovation. During Year 1 of OSITA, Ethics Committee approval was obtained from the Universidad de Los Andes [Activity 1.1]. The formative phase, consisting of two focus groups conducted with internally displaced women (IDWs) and one focus group with primary care professionals, was completed [Activity 1.2]. The formative phase also involved meetings with institutional and community partners to present and promote the OSITA project. The OSITA stepped care model was designed, in tandem with development of the OSITA Theory of Change. The intervention was tested, leading to a series of modifications of the protocols and referral pathways [Activity 1.3]. Six OSITA "counsellors" (4 Masters students hired as research assistants and 2 IDWs from the community) were trained in methods for: 1) client recruitment, 2) administration of the screening questionnaire (consisting of demographics, internationally-recognized screening measures for common mental disorders (CMDs), measures of psychological exposures along the pathway of displacement, and vocational information), 3) data entry using pen-and-paper and tablet-based versions of the screening questionnaires, 4) presentation of psycho-education (using scripts matched to the screening results), 5) provision of interpersonal counselling (IPC) sessions for IDWs with moderate symptom elevations, and 6) making referrals for psychiatric consultations (for IDWs with severe symptom elevations) [Activity 1.4]. OSITA Co-Investigator, Dr. Helena Verdeli, an expert in IPC, trained the counsellors in IPC methods, and together with an IPC-certified clinician who was onsite in Bogotá for two months, Dr. Verdeli has maintained weekly supervision sessions for the counsellors to discuss cases and improve IPC counselling skills to assure intervention fidelity. Throughout this process, the IPC protocol was adapted and modified for use in Colombia with the participant population of IDWs recruited into OSITA.

As part of the technology innovation, an information communication technology company was hired to create an OSITA Web application ("app") that includes data entry screens for all components of the screening questionnaire. Once data are entered, the app automatically scores the standardized screening instruments for three CMDs, and generates and displays the appropriate psycho-education script, matched to the test results. The app has been successfully mounted on Samsung cellular phones. Counsellors were trained in the use of the app. During the development phase, counsellors provided valuable feedback regarding app design and functionality, leading to a series of enhancements of the technology. Tablet-based data entry was not used during Year 1 because the university requested modifications to ensure compatibility with university servers.

Through November 22, 2014, a total of **78** IDWs were screened for three CMDs: major depression (using the PHQ-9), generalized anxiety (using the GAD-7), and posttraumatic stress disorder (PTSD – using the PCL-C) [Activity 1.5]. Among these **78** participants, **12** (15%) had no symptom elevations on any of the three measures, **10** (13%) had mild symptom elevations on one or more measures, **30** (39%) had moderate symptoms elevations, and **26** (33%) had severe symptom elevations. All **78** participants received psycho-education tailored to screening test results. Step 1 of the OSITA intervention consists of

recruitment, informed consent, screening, psycho-education (tailored to screening test results), and psychiatric referrals for severe symptom elevations. The Step 1 intervention is also the "IPC1" session for participants with elevated symptom levels who are referred for additional sessions of IPC.

The **78** IDWs who completed Step 1 (IPC1) were recruited from the following sites: Gente Estrategica (jobs training program for indigenous/Afro-Colombian victims of armed conflict), **55**; pre-school kindergarten, **10**; snowball sampling, **2**; community kitchens (feeding programs), **5**; Hospital Centro Oriente referrals and database, **4**; Hospital de Usaquén database, **2**. Counsellors made more than 1,000 phone calls to potential participants. From these calls, **310** appointments were scheduled. From the **310 scheduled appointments**, a total of **78 (25%) Step 1 ("IPC1") appointments were completed**.

IDWs with **moderate** symptom elevations on one or more screening tests, assessed at the IPC1 session, are referred to additional session of IPC. All **30** IDWs with moderate symptom elevations were referred to additional IPC sessions – Step 2 [Activity 1.6]. Among these **30** IDWs, **29** arrived for at least one additional session (IPC2). During Year 1, **29** IPC2 sessions, **18** IPC3 sessions, **14** IPC4 sessions, **8** IPC5 sessions, **4** IPC6 sessions, **2** IPC7 sessions, **2** IPC8 sessions, and 1 IPC9 session were provided. Among the **29** IDWs with moderate symptom elevations who attended the IPC2 session, **18** completed additional IPC sessions (IPC3 or higher) and **12** of these had two consecutive sessions with no symptom elevations, indicating that they were transitioned to follow-up. Additionally, among the participants with moderate elevations at IPC1, **9** were assessed as having decreased symptom levels in the last session they attended although they did not complete the intervention sequence.

All **26** IDWs with severe symptom elevations with referred to psychiatric consultation – Step 3 [Activity 1.7]. Through Year 1, **8** of these **26** IDWs had completed a referral for psychiatric evaluation.

Social and Business Innovation. Two IDWs were hired initially as vocational outreach workers [Activity 3.1]. It became apparent that these women could be effectively task-shifted to become OSITA counsellors. Currently both OSITA IDWs are performing identical outreach duties with the four original counsellors. Through Year 1, all **78** IDW participants who received screening and psycho-education also received vocational counselling [Activity 3.2]. Based on the focus group findings [Activity 1.2], it was determined that Colombian government programs effectively promote development of micro-enterprises. Activity 3.3 was seen as redundant and discontinued.

Theory of Change [Activity 4.1] was completed and approved by GCC in May 2014.

Institutional and Community Partnerships. OSITA has been launched during a critical period when Colombia is actively engaged in peace negotiations to bring 60 years of continuous armed conflict to a close. Passage of the landmark Law 1448 (The Law of the Victims and Restitution of the Lands) in 2011 set in motion programs of services and protections for 6.5 million "victims" of armed conflict; the largest subset of "victims" is comprised of internally displaced persons – the focus of OSITA. As an offshoot of Law 1448, psychosocial programs have been created under the aegis of the Ministry of Health and Social Protection with the name of "PAPSIVI" (Program for Psychosocial Care and Comprehensive Health for Victims). Victim registration and service centers (Centros Dignficar – "Dignity Centers") have opened in major cities, under the jurisdiction of district-level health departments (e.g. Secretario de Salud de Bogotá). Recently, psychosocial programs operating under PAPSIVI guidelines (Tejiendo Esperanzas – "Weaving Hopes") have opened within the victim service centers. Related services are also provided by networks of hospitals, social services, and health stakeholders working in conjunction with the health departments. OSITA has met and presented the program to representatives of all entities mentioned in an effort to position OSITA as a pilot project that hopes to demonstrate the efficacy of three strategies that may

enhance and complement existing programs: 1) use of internationally-recognized and validated screening instruments; 2) application of evidence-based IPC treatment that has proven to be effective across a range of low and middle income countries (LMICs); and 3) use of innovative tablet technology for data entry of responses to screening instruments, calculation of results, and automatic generation of psycho-education scripts and referral guidance. OSITA is actively seeking to collaborate with the "Tejiendo Esperanzas" psychosocial programs operating inside the victim centers. If newly inaugurated government programs were to adopt and adapt some or all of the OSITA-introduced "complementary" innovations, both dissemination and sustainability of OSITA would be accomplished – and a natural conduit to transition to scale would be forged. OSITA has been presented and approved by the High Council for Victims, an executive branch entity that oversees victims' services. OSITA was presented to Canadian Ambassador and her Canadian Embassy staff.

Challenges and Lessons Learned (0.5-1 page): Three major Year 1 challenges:

1) Recruitment of IDWs. Challenge: OSITA recruitment was launched on July 22, 2014; **78** IDWs were recruited in Year 1 (**80** through year-end 2014). Recruitment may be continued through the end of July 2015 (3 months post-recruitment are required for follow-up of IDWs requiring 8 sessions or more). To reach the recruitment goal of **300** enrolled IDWs, recruitment strategies must be strengthened in Year 2.

Mitigation: OSITA continues to experiment with multiple outreach strategies. Approaches include 1) non-governmental organizations (most productive source to date), 2) pre-school kindergarten programs, 3) "snowball" referral from IDWs working as OSITA counsellors, 4) feeding programs, and 5) referrals from community partners (e.g. hospitals). OSITA has been negotiating for access to large flows of IDPs served at the victim centers. Although access was not achieved within Year 1, staffing changes will facilitate outreach in victim centers if access is granted in Year 2. Personnel changes will also allow participant follow-up in the community, as envisioned in the application (a strategy that was precluded in Year 1 due to safety concerns). Victim advocacy organizations will also be approached.

Lessons learned: Multiple outreach approaches are critical. In response, Year 2 recruitment will employ new personnel with experience and comfort conducting community outreach. Year 2 will focus on victim centers, NGOs, victim advocacy groups, and contacts known to new staff members to be hired.

2) Assuring safety of IDWs with "severe" symptom elevations. Challenge: High proportions of IDWs enrolled in OSITA have "severe" symptom elevations on one or more CMDs and a considerable number endorse suicidal thoughts. These IDWs need timely psychiatric consultation, but access is limited due to nationwide gaps in health care services; a systemic issue throughout Colombia.

Mitigation: Mitigation strategies were introduced in Year 1. For example, for patients endorsing suicidal thoughts on the PHQ-9, the Columbia Suicide Severity Rating Scale was used to quantify suicidal ideation, intensity, and behaviour. For participants who are judged to be likely to cause harm to self or others, Colombia has implemented the mental health component of the "123" emergency system, including access to trained psychologists on duty 24/7. When an OSITA counsellor screens a participant who appears to be actively suicidal, the counsellor will call the "123" call center and request the operator to direct the call to a "123" psychologist who will make an initial telephone assessment including asking a series of follow-up questions regarding suicidal thoughts, intentions, or actions. If the participant is assessed as urgent, a "123" psychiatric ambulance will be quickly dispatched, bringing a psychiatrist directly to the participant. Every "123" call is carefully documented.

In Year 2, for "severe" but non-suicidal cases, the Bogotá Health Authority's Office of Mental Health has agreed to review all severe cases on a weekly basis to determine barriers and create solutions for patients to be referred to the specific health services for which they are eligible. OSITA will maintain weekly surveillance of severe cases to track their successful receipt of care.

Lessons learned: In Year 2 a priority is to strengthen agreements with the Bogotá Health Authority to actively link OSITA to the mental health network of Bogotá and to PAPSIVI psychosocial programs.

3) Need for high-level clinical supervision. Challenge: Delivering IPC requires careful adherence to protocols, close supervision to assure fidelity of the intervention, and case supervision, especially given the high proportions of participants with symptom elevations.

Mitigation: During Year 1, clinical supervision was provided by an experienced IPC-certified clinician (identified by Dr. Verdeli - Co-Investigator, IPC expert) who was available to contribute her time onsite in Bogotá for 2 months. Weekly case consultation was provided by Dr. Verdeli via Skype. Year 2 staffing changes will permit the hiring of an onsite clinical supervisor to be available for the duration of the pilot.

Lessons learned. A high-level clinical supervisor has been key to success in Dr. Verdeli's IPC interventions worldwide and this position must be prioritized in the budget and staffing configuration.

Next Steps (0.5 page)

For Year 2, a primary focus will be on accelerating recruitment and increasing recruitment efficiency. To reinforce this priority, "next steps" will include personnel changes and operational adjustments.

Personnel changes. OSITA is implementing personnel changes that are critical for project viability. During Year 1, based on the original budget negotiations, substantial resources were dedicated to the support of 4 student research assistants (RAs). For Year 2, the full-time OSITA Field Coordinator (an RA) will be retained but the other 3 (part-time) RAs will be discontinued. In place of the 3 RAs who are leaving, OSITA will hire experienced community outreach workers, including psychologists, a physician working at one of the victim centers, a physician working at a community hospital serving IDWs who regularly makes "house-calls" in community settings, and several other community outreach experienced staff. The two community IDWs will be retained and a third will be hired.

These changes are intended to optimize GCC funds and provide OSITA with a complement of staff better equipped for IDW recruitment and retention. OSITA program management is being strengthened with explicit job descriptions, reporting lines, and time accountability. The leadership authority of the OSITA Field Coordinator will be reinforced. The favourable Year 1 experience of having a high-level, on-site clinical supervisor for the counsellors available during several months has clarified the need for such supervision to be available throughout the duration of the OSITA intervention in Year 2.

Operational changes. The dedication of effort to build strong institutional and community relations is beneficial in terms of increasing receptivity to the OSITA innovations – standardized screening instruments, evidence-based intervention tied to screening results, tablet technology – for incorporation into national (PAPSIVI) and district psychosocial programs. This will be excellent for future sustainability if OSITA innovations prove to be effective. However, in Year 1, the community partners contributed little in terms of participant recruitment. Government programs approached to provide access to victim populations have not yet facilitated access.

Safety for outreach workers. One of the most important options for Year 2 is to begin direct outreach – or at least participant follow-up – in community settings. This has been strongly advocated by the participants themselves who are asking counsellors to come to them for follow-up sessions, by the prospective new hires who use this approach preferentially in their community work, and by the OSITA investigators who have used this approach in their other successful projects. Direct outreach was envisioned in the original OSITA application and if feasible with community-experienced staff onboard, both recruitment efficiency and retention should be improved. This is urgent and will require outreach safety training and safety protocols.

Safety for severe or suicidal participants. Please see previous section.

Post-Grant Plans (1 page)

The Bogotá-based OSITA team and the international Co-investigators are seeking to generate evidence regarding the efficacy of OSITA interventions, particularly in regard to possible applications as Colombia transitions to become a "post-conflict" society (signing the peace agreement is anticipated to occur in 2015!).

OSITA Co-Investigators (Drs. Ricardo Araya and Helena Verdeli) have successfully taken several of their other GCC-funded projects to scale. Transition to scale is certainly the goal for OSITA also; progress in the next 6 months will be critical to determine whether OSITA becomes competitive for transition to scale funding. In preparation for this possibility, OSITA has established strong relationships with national (Ministry of Health) and district (Bogotá Health Authority) psychosocial programs. In multiple forums, the OSITA team has presented OSITA to psychosocial program stakeholders as a "complementary" strategy that pilots the use of three potential enhancements to existing programs: 1) use of internationally standardized screening measures, 2) use of an evidence-based IPC intervention, and 3) use of a tablet-based technology platform for data entry and intervention selection. There is considerable receptivity and if OSITA is able to demonstrate efficacy, one or several of these components may be transitioned to the psychosocial programs operating in Bogotá, and potentially, nationwide. As part of the continued relationship building with institutional and community partners, Year 2 staffing will bring on board outreach workers and physicians who are currently working with internally displaced persons and other victims of societal violence – specifically in conjunction with the psychosocial programs.

As evidenced by the strong record of dissemination in Year 1 (publications, presentations, posters), OSITA Co-Investigators will continue to expand expertise and contributions in the area of mental health and psychosocial support (MHPSS) for forced migrants. Future options include extending GMH intervention projects to focus on: 1) integration of OSITA innovations (screening instruments, IPC, technology innovations) into psychosocial programs for victims of armed conflict inside Colombia; 2) validation of international screening instruments for use in Colombia, 3) adaptation of OSITA innovations to populations of forced migrants in other nations, 4) expansion of interventions to support children of IDWs, 5) training in IPC for professionals who are routinely exposed to potentially-traumatizing events in the line of duty, 6) exploring empowerment interventions with IDWs based on the favourable experiences of employing IDWs within OSITA, and 7) publication of systematic reviews.

Other Accomplishments (0.5 page)

Network of GCC-funded Latin American projects. OSITA Co-investigator Dr. Ricardo Araya has continued to expand his network of GCC-funded GMH projects throughout Latin America. His novel approach is to host a series of multilateral Project Coordinator site visits to each of the other projects. These in-country visits effectively supplement the meetings that take place among the Latin American grantees during the GCC-sponsored semi-annual meetings. This approach provides opportunities for cross-fertilization among grantees, constructive feedback, and mutual problem solving. OSITA researchers also can make use of the resources available from the NIMH GMH hub for Latin America (Dr. Araya is the PI).

OSITA project dissemination. OSITA investigators are actively presenting in international forums and publishing (primarily in English) in peer-reviewed journals as well as providing information for more general public consumption. Please see Appendix A for a detailed account of Year 1project dissemination.

SECTION C: FEEDBACK (Optional)

We at OSITA are extremely impressed with GCC for its prioritization of global mental health but more so, GCC's unique approach for championing this issue by synergistically stimulating science and innovation.

GCC's passion and commitment are carefully channelled in a manner that maximizes the human good by forcing innovators to demonstrate the efficacy of their interventions. GCC fully realizes how finite are the resources that have been brought to the compelling needs associated with the global burden of common mental disorders. As good stewards of their funding appropriations, GCC economically leverages their assets for optimal impact.

GCC's advocacy in the domain of global mental health strikes a balance that permits bold ideas to germinate that are solidly undergirded by scientific proof of effectiveness.

We also want to take this opportunity to acknowledge the strong and supportive leadership of our Project Officers, Astrid Escrig and Ellen Morgan. We especially want to wish Astrid continued success as she leaves GCC to pursue her doctoral studies.

PLEASE SEE DROPBOX FOLDER: "GMH 0339-04 OSITA YEAR 1 PROGRESS REPORT"

Appendix A: OSITA DISSEMINATION

PEER-REVIEWED PUBLICATIONS

Published:

Shultz, J.M., Gomez Ceballos A.M., Espinel, Z., Rios Oliveros, S., Fonseca, M.F., and Hernandez Florez, L.J. ***Internal Displacement in Colombia: Fifteen Distinguishing Features. Original Publication:*** **Disaster Health**. 2014; 2(1):1-12. January 16, 2014. DOI: http://dx.doi.org/10.4161/dish.27885

Shultz, J.M., Garfin, D.R., Espinel, Z., Araya, R., Oquendo, M.A., Wainberg, M.L., Chaskel, R., Gaviria, S.L., Ordoñez, A.E., Espinola, M., Wilson, F.E., Muñoz Garcia, N., Gomez Ceballos, A.M., Garcia-Barcena, Y., Verdeli, H., Neria, Y. ***Internally Displaced "Victims of Armed Conflict" in Colombia: The Trajectory and Trauma Signature of Forced Migration:*** **Current Psychiatry Reports**, August 16, 2014; 16:475. DOI 10.1007/s11920-014-0475-7

Shultz, J.M., Muñoz Garcia, N., Gomez Ceballos, A.M., Hernandez Florez, L.J., Araya, R., Verdeli, H., Espinel, Z., Cipaguata Bolivar, S.P., Neria, Y. and the OSITA Outreach Team. ***Outreach to Internally Displaced Persons in Bogotá, Colombia: Challenges and Potential Solutions.*** **Disaster Health**. 2014; 2(2):1-6.

Accepted/In Press:

Chaskel, R., Shultz, J.M., Gaviria, S.L., Taborda, E., Venegas R., Muñoz García, N., Hernández Flórez, L.J., Espinel, Z. ***Mental Health Law in Colombia:*** **International Psychiatry (in press)**.

Chaskel, R., Gaviria, S.L., Espinel, Z., Taborda, E., Venegas R., Shultz, J.M. ***Mental Health in Colombia:*** **International Psychiatry (in press)**.

Gesteira Santos, C. Shultz, J.M. ***Terrorism and Armed Conflict: The Importance of Applying Evidence-based Practices Beyond Levels of Development:*** **IAAP Bulletin (in press)**.

Hernández, L.J., Shultz, J.M., Gomez Ceballos, A.M., Espinel, Z., ***Una Experiencia de Intervention Psicosocial para el Posconflicto en Colombia:*** **Revista de Salud Pública Universidad Nacional de Colombia (in press)**.

Published Abstracts:

Shultz, J.M., Espinel, Z., Araya, R., Gesteira Santos, C., Verdeli, H., Neria, Y. ***Psychological Dimensions of Forced Migration and Disaster Displacement in Colombia.*** Presented at: 5th International Disaster and Risk Conference (IDRC), Global Risk Forum, Davos, Switzerland, 25 August 2014. **IDRC Davos 2014, Programme and Short Abstracts**. 2014; 182.

ORAL PRESENTATIONS

Espinel, Z. and Shultz, J.M. ***Trauma Exposure in Internally Displaced Women in Colombia: Psychological Intervention.*** Presented at: 18th World Congress on Disaster & Emergency Medicine, Manchester, United Kingdom, 29 May 2013. **Prehospital and Disaster Medicine**. 2013; 28(Suppl. 1): s167.

Hernández, L.J., Shultz, J.M., Rios Oliveros S, Gomez, A., Muñoz N., Fonseca, M.F., Neria, Y. Verdeli, H., Araya, R., and Espinel, Z. ***Búsqueda Activa, Tamizaje e Intervencion para Trauma en Mujeres Desplazadas que Viven en Bogotá, Colombia.*** Presented at: Observatório Ibero-Americano de Políticas e Sistemas de Saúde (IAPSS) Annual Meeting, Sao Paolo, Brazil, 4-22 May 2014.

Shultz, J.M. OSITA: ***Outreach, Screening, and Intervention for Trauma for Internally Displaced Women Living in Bogotá, Colombia.*** Presented at: Solving the Grand Challenges in Global Mental Health: Partnerships for Research & Practice, PANEL I: Identifying Root Causes and Risk and Protective Factors for Mental Illness, National Institute of Mental Health, Neuroscience Center, Bethesda, MD, 12 June 2014.

Shultz, J.M., Espinel, Z., Araya, R., Gesteira Santos, C., Verdeli, H., Neria, Y. ***Psychological Dimensions of Forced Migration and Disaster Displacement in Colombia.*** Presented at: 5th International Disaster and Risk Conference (IDRC), Global Risk Forum, Davos, Switzerland, 25 August 2014.

Hernández, L.J., Shultz, J.M., Rios Oliveros, S., Gomez, A., Muñoz, N., Fonseca, M.F., Neria, Y. Verdeli, H., Araya, R., Espinel, Z. ***OSITA: Outreach, Screening, and Intervention for Trauma for Internally Displaced Women Living in Bogotá, Colombia.*** Presented at: Investigaciones Habla, Panel de Investigación en Salud, Secretaría de Salud de Bogotá, Bogotá, Colombia, 25 August 2014.

Espinel, Z. Shultz, J.M., Aboul-Hosn, S., Espinola, M. ***A Multidisciplinary Approach to Address Trauma among Refugees and Internally Displaced Persons.*** Presented at: Panel: "*Un Enfoque Multidisciplinario del Tratamiento de Trauma para Refugiados y Desplazados Internos,"* International Society for Traumatic Stress Studies (ISTSS), 30th Annual Meeting, Hotel Intercontinental, Miami, FL, 8 November 2014.

PRESENTED POSTERS

Shultz, J.M., Araya, R., Hernandez, L.H., Lema-Velez, M., Arevalo, I., Neria, Y., Verdeli, H., Espinel, Z. ***OSITA: Outreach, Screening, and Intervention for TraumA for Internally Displaced Women in Bogota, Colombia (Poster).*** Presented at: Grand Challenges Canada: Saving Brains and Global Mental Health: Measuring Results, Calgary, Alberta, Canada, 17 June 2013.

Gomez, A.M., Hernandez, L.H., Shultz, J.M., Araya, R., Alvaredo, B., Neria, Y., Verdeli, H., Espinel, Z. ***OSITA: Outreach, Screening, and Intervention for TraumA for Internally Displaced Women in Bogota, Colombia (Poster).*** Presented at: Grand Challenges Meeting. Rio de Janeiro, Brazil, 25 October 2013.

Espinel, Z., Shultz, J.M., Araya, R., Hernández Flórez, L.J., Gomez Ceballos, A.M., Verdeli, H., and Neria, Y. ***OSITA: "Outreach, Screening, and Intervention for Trauma" for Internally Displaced Women in Bogota, Colombia (Poster).*** Presented at: 167th American Psychiatric Association Annual Meeting. New York City, NY, USA, 3 May 2014.

Hernández, L.J., Shultz, J.M., Rios Oliveros S, Gomez, A., Muñoz N., Fonseca, M.F., Neria, Y. Verdeli, H., Araya, R., and Espinel, Z. ***Búsqueda Activa, Tamizaje e Intervencion para Trauma en Mujeres Desplazadas que Viven en Bogotá, Colombia (Poster).*** Presented at: First Joint Meeting of Research at the Universidad de los Andes and the Fundación Santa Fe, Bogotá, Colombia, 22 May 2014.

Ramírez, E., Muñoz, N., Gómez, A., Oliveros, S., Fonseca, M.F., Shultz, J.M., Espinel, Z., Gómez, A., Hernández, L.J., Araya, R., Neria, Y., Verdeli, H., Andrade, A.C. ***OSITA: Outreach, Screening and Intervention for TraumA with Internally Displaced Women in Bogotá, Colombia 2013-2014 A proposal for post-conflict in Colombia (Poster).*** Presented at: Congreso de Salud Pública, Cali, Colombia, 10 October 2014.

Shultz, J.M., Hernandez, L.H., Araya, R., Verdeli, H., Neria, Y., Espinel, Z., Helpman, L., Cipagauta, S., Delgado, H., Gesteira Santos, C., Gomez, A., Ramirez, E., Gomez, A., Fonseca, M.F., Rios, D.S., Muñoz, N., Andrade, A.C. ***Invisible to Untouchable: The Challenges of Conducting Outreach to Internally Displaced Women in Bogotá, Colombia (Poster).*** Presented at: Grand Challenges Annual Meeting, Global Mental Health Community Meeting, Seattle Westin Hotel, Seattle, Washington, USA, 9 October 2014.

Espinel, Z. Shultz, J.M., Gomez-Ceballos, A., Hernandez-Florez, L.J. ***OSITA: Outreach, Screening, and Intervention for Trauma for Internally Displaced Women in Bogotá, Colombia (Poster).*** Presented at: International Society for Traumatic Stress Studies (ISTSS), 30th Annual Meeting, Hotel Intercontinental, Miami, FL, 6 November 2014.

Appendix B: INTERPERSONAL COUNSELING MANUAL (adapted to Colombia)

Appendix C: CARE PATHWAY FOR HIGH RISK CASES (suicidal or domestic violence)